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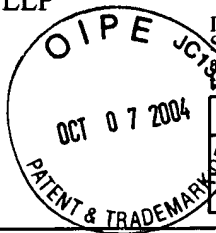
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07/02/2004

**TOWNSEND AND TOWNSEND AND CREW, LLP**  
**TWO EMBARCADERO CENTER**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Arlene C. Granlund</b>	(Depositor's name)
<i>Arlene C. Granlund</i>	(Signature)
October 4, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/689,444	10/12/2000	Mina Farr	17516-007520	7384

TITLE OF INVENTION: ENDOSCOPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEUBECKER, JOHN P	3739	600-160000

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and CREW LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Intuitive Surgical, Inc., Mountain View, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 12

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(Authorized Signature)

(Date)

*Gray P. Wong*10/4/04

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10/08/2004 MBERHE1 00000017 201430 09689444

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